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## REISSUE PATENT APPLICATION TRANSMITTAL 4228-13 Attorney Docket No. Address to: First Named Inventor FREJBORG et al **Assistant Commissioner for Patents** 5,200,072 Original Patent Number **Box Reissue** Original Patent Issue Date 4/6/1993 Washington, DC 20231 (Month/Day/Year) Express Mail Label No. **APPLICATION FOR REISSUE OF:** X Design Patent Plant Patent Utility Patent (Check applicable box) **ACCOMPANYING APPLICATION PARTS** APPLICATION ELEMENTS (37 CFR 1.173) Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing) Statement of status and support for all changes 10. to the claims. See 37 CFR 1.173 (c). Applicant claims small entity status. See 37 CFR 1.27. Original U.S. Patent for surrender 11. Specification and Claims in double column copy of patent Ribboned Original Patent Grant format (amended, if appropriate) Statement of Loss (PTO/SB/55) Drawing(s) (proposed amendments, if appropriate) Foreign Priority Claim (35 U.S.C. 119) Reissue Oath/Declaration (original or copy) (if applicable) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) Information Disclosure Statement (IDS)/PTO-1449 X Copies of IDS Citations 13. X Power of Attorney English Translation of Reissue Oath/Declaration 7. Original U.S. Patent currently assigned? X (if applicable) (If Yes, check applicable box(es)) Written Consent of all Assignees (PTO/SB/53) Preliminary Amendment 37 C.F.R. § 3.73(b) Statement Return Receipt Postcard (MPEP 503) (PTO/SB/96) (Should be specifically itemized) CD-ROM or CD-R in duplicate, Computer Program (Appendix) Offer to Surrender 17. Other: or large table Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) Computer Readable Form (CFR) b. Specification Sequence Listing on: i D CD-ROM (2 copies) or CD-R (2 copies); or ii 🔘 paper Statements verifying identity of above copies 18. CORRESPONDENCE ADDRESS $\square$ Customer Number or Bar Code Label or Correspondence address below 23117 (linsert Customer No. or Attach ber code label hare) Name Alan M. Kagen Nixon & Vanderhye P.C. Address 22201 1100 N. Glebe Road, 8th Floor Zip Code (703) 816-4100 City Virginia Arlington State Country (703) 816-4000 United States Telephone Registration No. (Attorney/Agent) 36,178 Ala⁄h M. Kagen NAME (PrintiType)

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Under the Penerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yalld QMS control number. REISSUE APPLICATION FEE TRANSMITTAL FORM 4228-13 Ctaims as Filed - Part 1 Other than a Small Entity Small Entity (3) (1) Claims Number Extra Number Filed in Relisse m Application Patent × 8 18:00-**Total Claims** 252.00 37 (37 CFR 1.16(I)) **(B)** dependent dalms (37 CFR 1.16(i)) (C) 3 0 3 x \$84.00 w (D) s 750.00 Beals Fee (37 CFR 1.16(b)) <u> 1002.00</u> Total Filing Fee OR Claims as Amended - Part 2 Small Entity Other than a Small Entity Extra Claims Claims Remaining Highest Number Rate Rate After Amendment Previously Paid For Present **Total Claims** MINUS ٠. XI. x ¢ (37 CFR 1.160) Independent Claims (37 CFR MINUS ×\$ x S 1.16(1) OR Total Additional Fee " if the entry in (D) is less than the entry in (C), Write "O" in column 3. " If the "Highest Number of Total Cisims Previously Paid For" is less than 20, Write "20" in this space. \*\*\* After any cancellation of claims. " If "A" is greater than 20, use (B - A); If "A" is 20 or less, use (B - 20). \*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number \_\_ A duplicate copy of this sheet is enclosed. in the amount of \_ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account Number 14-1140

A duplicate copy of this sheet is enclosed. A check in the amount of \$ 1,002.00 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit and information and authorization on PTO-2038. A L M. K.
Signature of Applicant, Attorney or Agent of Record September 12, 2003 Date Alan M. Kagen 36,178 Registration Number, if applicable Typed or printed name

This collection of information is required by \$7 CFR 1.16. The information is required to obtain or retain a barrett by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by \$5 U.S.C. 122 and \$7 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you negate to complete this form another suggestions for restoring this burdon, should be early to the Chief information Officer, U.S. Department of Comments, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Petanta, P.O. Box 1450, Alexandria, VA 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Patent of

Patent No.5,200,072

Any. Ref.: 4228-13

Granted: April 6, 1993

For: SCREEN PLATES AND METHODS OF MANUFACTURE

Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

## OFFER TO SURRENDER

Applicant in the above-identified reissue application hereby offers to surrender the original U.S. Patent No. 5,200,072 under the provisions of 37 C.F.R. §1.178.

Robert W. Gooding
Title: VICE PRESIDENT,